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## 1 Select Categories 2 Answer Questions 3 Use Benefits List

Select all Categories that apply to you (or the person you are helping)

I am...

- |  |  |
|--|--|
| <input type="checkbox"/> A Child/Youth/Young Adult (under age 22)  | <input type="checkbox"/> In the Military (including Reserve)       |
| <input type="checkbox"/> A Dependent                               | <input type="checkbox"/> A Parent/Caregiver                        |
| <input type="checkbox"/> An Education Professional                 | <input checked="" type="checkbox"/> A Person with a Disability     |
| <input type="checkbox"/> A Farmer/Rancher/Farmworker               | <input checked="" type="checkbox"/> A Senior Citizen (over age 62) |
| <input type="checkbox"/> A Health Professional                     | <input type="checkbox"/> A Student (former, current, or returning) |
| <input type="checkbox"/> A Home/Property Owner (current or future) | <input type="checkbox"/> Unemployed/Looking for work               |
| <input type="checkbox"/> Injured/Sick                              | <input type="checkbox"/> A Veteran                                 |
| <input type="checkbox"/> A Law Enforcement Officer                 | <input type="checkbox"/> A Victim (disaster, violence, or crime)   |
| <input checked="" type="checkbox"/> A Low-Income Person            | <input type="checkbox"/> A Widow(er)/Surviving Spouse              |

Choose the type of program list you want to see

- ☒ **Personalized List** - Answer questions and see benefits you might be eligible to receive.
- ☐ **Category List** - Or, skip the questions and see a list of programs associated with selected categories.



### News/Featured Program

#### Nursing Home Quality Initiative

Do you have a family member or loved one living in a nursing home? If you do, or you are researching facilities for the future, the new Nursing Home Quality Initiative may make it easier to decide which nursing homes in your area provide the best skilled care that is right for you. Launched by the Department of Health and Human Services, this initiative is designed to provide citizens with quality of health care information for all of the 17,000 nursing homes across the country, using data collected in 10 categories relating to both short- and long-stay residents. In addition, information and consultation services are available to help nursing homes improve their care and facilities. In relation to this new initiative, GovBenefits.gov would like to highlight some of the programs available to those in need of skilled nursing care.

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Based on the categories you selected, we have initially identified **60** related questions. Depending on your answers, you may be presented with additional questions. Questions are used only to determine potential eligibility. GovBenefits does not keep any

To ensure the most accurate results, you should answer all of the questions listed and select the *Continue* button to proceed to the next step.

1. What is your citizenship status?

2. How old are you? Example: 35

3. What is your gender?

- ☒ Male  
☐ Female  
☐ No Answer

4. Do any members of your household fall into the following age groups? (check all that apply)

- ☐ Age 0-2  
☐ Age 3-4  
☐ Age 5-12  
☐ Age 13-15  
☐ Age 16-18  
☐ Age 19-21  
☐ Over 60

5. Are you a Native American or Alaska native?

- ☐ Yes  
☐ No  
☒ No Answer

6. Are you, or someone in your household, an enrolled member of a federally recognized American Indian tribe or Alaska Native village?

- ☐ Yes  
☐ No  
☒ No Answer

7. Are you currently receiving or are you eligible to receive benefits from any of the following programs? (check all that apply)

- ☐ Food Stamps  
☐ DOD TRICARE (formerly CHAMPUS)



- ☐ Federal Income Tax Credit (formerly Earned Income Tax Credit)
- ☐ Medicaid
- ☐ National Service Life Insurance
- ☐ Servicemembers Group Life Insurance
- ☐ Specially Adapted Housing Grant
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Unemployment Insurance
- ☐ United States Government Life Insurance
- ☐ Veterans Service Life Insurance
- ☐ Vocation Rehab Training

8. How many people live in your household? *Example: 3*

9. Which of the following describes your household or community? (check all)

- ☐ Live in a high-poverty community
- ☐ Live in a rural area
- ☐ Live *on* an Indian reservation or Alaska Native village
- ☐ Live *near* an Indian reservation
- ☐ Live in a shelter (or homeless)
- ☐ Live in public housing

10. What is your household's annual income before taxes? *Example: 21600*

11. How would you characterize your household's financial situation?

12. Did you suffer physical injury as a result of the terrorist-related aircraft crash September 11, 2001?

- ☐ Yes
- ☐ No
- ☒ No Answer

13. Are you a family member of someone who was killed as a result of the terrorist aircraft crashes on September 11, 2001?

- ☐ Yes
- ☐ No
- ☒ No Answer

14. Do you have a disability?

- ☐ Yes
- ☐ No
- ☒ No Answer

15. Do you have a disability that prevents you from holding a job (full-time or part-time)?

- ☐ Yes
- ☐ No
- ☒ No Answer



16. Do you have a military service-connected disability, injury, or disease?

- ☐ Yes  
☐ No  
☒ No Answer

17. If you are a veteran or servicemember, do you have service connected loss of one or both hands or feet?

- ☐ Yes  
☐ No  
☒ No Answer

18. If you are a veteran or servicemember, do you have permanent impairment both eyes to a certain degree?

- ☐ Yes  
☐ No  
☒ No Answer

19. If you are a veteran or servicemember, do you have immobility of one or both hips?

- ☐ Yes  
☐ No  
☒ No Answer

20. Have you become ill or disabled as a result of exposure to radiation, beryllium while working with the Department of Energy or its predecessor agencies, contractors, or subcontractors?

- ☐ Yes  
☐ No  
☒ No Answer

21. Are you blind?

- ☐ Yes  
☐ No  
☒ No Answer

22. Do you have End-stage Renal Disease (permanent kidney failure requiring transplant)?

- ☐ Yes  
☐ No  
☒ No Answer

23. Are you a Federal employee who has sustained a work-related injury or disease?

- ☐ Yes  
☐ No  
☒ No Answer

24. Are you a coal miner who has become disabled as a result of pneumoconiosis (Black Lung Disease)?

- ☐ Yes  
☐ No  
☒ No Answer



25. Are you a longshore or harbor worker who has sustained a work-related injury?  
☐ Yes  
☐ No  
☒ No Answer
26. Are you unemployed or about to become unemployed?  
☐ Yes  
☐ No  
☒ No Answer
27. Are you under-employed (that is, working for very low wages or working on part-time)?  
☐ Yes  
☐ No  
☒ No Answer
28. Were you enlisted in the military after September 7, 1980?  
☐ Yes  
☐ No  
☒ No Answer
29. If you were in the active military service, what was your discharge status? (applicable)
30. Are you a female Vietnam Veteran who performed active military, naval, or the Republic of Vietnam during the period beginning February 28, 1961 and 1975?  
☐ Yes  
☐ No  
☒ No Answer
31. Did you participate in a test involving the atmospheric detonation of a nuclear or other radiation-risk activities, as amended by Title 38 Code of Federal Regulations 3.09(d)?  
☐ Yes  
☐ No  
☒ No Answer
32. Did you participate in the occupation of Hiroshima or Nagasaki?  
☐ Yes  
☐ No  
☒ No Answer
33. Were you a prisoner of the war in Japan during WWII?  
☐ Yes  
☐ No  
☒ No Answer
34. Did you serve in Vietnam?  
☐ Yes



- ☐ No  
☒ No Answer

35. Do you have documentation of NP radium treatment in the active military, r service?

- ☐ Y s  
☐ No  
☒ No Answer

36. Did you serve in Korea between 1968 and 1969?

- ☐ Yes  
☐ No  
☒ No Answer

37. As a United States veteran, did you test, transport or spray herbicides for n purposes?

- ☐ Yes  
☐ No  
☒ No Answer

38. Did you serve in the Gulf War from 1991 through (ending date pending)?

- ☐ Yes  
☐ No  
☒ No Answer

39. Are you a health professional (scientist or nurse) qualified to perform labor. research?

- ☐ Yes  
☐ No  
☒ No Answer

40. What is the highest level of education that you have completed?

--Select one--

41. If you are a student (or prospective student), what degree are you working not applicable)

--Select one--

42. Do you have unpaid student loans?

- ☐ Yes  
☐ No  
☒ No Answer

43. Are you married?

- ☐ Yes  
☐ No  
☒ No Answ r

44. Are you a widow(er) or a surviving dependent of a Federal employee who c of a work-related injury or disease?

- ☐ Y s



☐ N

☒ No Answer

45. Are you a widow(er) or surviving dependent of a longshore or harbor worker result of a work-related injury or disease?

☐ Yes

☐ No

☒ No Answer

46. Are you a widow(er) or surviving dependent of a worker who died as a result of radiation, beryllium or silica while working with the Department of Energy or predecessor agencies, vendors, contractors, or subcontractors?

☐ Yes

☐ No

☒ No Answer

47. Are you (or your spouse) pregnant?

☐ Yes

☐ No

☒ No Answer

48. Does your household include a child with a disability?

☐ Yes

☐ No

☒ No Answer

49. Are you the child of a female Vietnam veteran who performed active military service in the Republic of Vietnam during the period beginning February 28, 1975, and ending May 7, 1975?

☐ Yes

☐ No

☒ No Answer

50. Were you, or was your child, born with spina bifida (not including spina bifida occulta)?

☐ Yes

☐ No

☒ No Answer

51. Are you buying a home that will be your primary residence?

☐ Yes

☐ No

☒ No Answer

52. Are you planning to repair or improve a residential structure that is more than 10 years old?

☐ Yes

☐ No

☒ No Answer

53. Are you buying, building, or remodeling a home that will be adapted to meet the needs of a disability?



- ☐ Y s  
☐ N  
☒ N Answer

54. Are you refinancing an existing mortgage?

- ☐ Y s  
☐ N  
☒ No Answer

55. Were you denied a loan by a commercial lender?

- ☐ Yes  
☐ No  
☒ No Answer

56. Are you a year-round farmworker?

- ☐ Yes  
☐ No  
☒ No Answer

57. Are you an agricultural producer or rancher?

- ☐ Yes  
☐ No  
☒ No Answer

58. Do you have delinquent Federal debt?

- ☐ Yes  
☐ No  
☒ No Answer

59. Do you, or did your spouse, have 10 or more years service as a railroad en

- ☐ Yes  
☐ No  
☒ No Answer

60. Do you, or did your spouse, have 5 years of service as a railroad employee

- ☐ Yes  
☐ No  
☒ No Answer

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Based on your answers to the previous questions, we have identified 1 additional help determine your potential eligibility. Your answers are used only to determine eligibility. GovBenefits does not keep any data you enter.

To ensure the most accurate results, you should answer all of the questions listed and select the *Continue* button to proceed to the next step.

61. Are you a migrant or seasonal farmworker?

- ☐ Yes  
☒ No  
☐ No Answer

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**1** Select Categories **2** Answer Questions **3** Use Benefits List

Based on your answers, we have identified 1 benefit program for which you are guaranteed to be eligible.

Select the benefit program title for details. To print a report, check the box next to the benefit program(s) you wish to see and select the *View Benefits Report* button.

☒ [Immigration and Naturalization Service](#)

☒ [Select/Deselect All Programs](#)

[Back](#)

[View Benefits Report](#)

Thank you for completing the GovBenefits screening process. To select other benefit programs, return to [Step 1](#).

Many benefit programs are not featured yet in the GovBenefits web site. The program list is expanding regularly to include more programs. Please check back for additional benefits you may be eligible to receive. You should also check back if your personal situation changes, since this may affect your eligibility to receive

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## Missing Out on Benefits?

BenefitsCheckUp helps thousands of people every day find programs for seniors that may pay for some of their costs for prescription drugs, health care, utilities, and other essential items or services. Please fill out our simple questionnaire to find programs that can assist you or your loved ones.

[Click Here to Begin!](#)

**It's simple. It's fast. It's free. And it's confidential. So, click to start saving.**

***Si vive en Colorado y quiere llenar el cuestionario de BenefitsCheckUp en español, [opprima aquí](#).***

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BenefitsCheckUp quickly gives you a personal report of public programs and benefits that you may qualify for. Click below to give us some basic information and we will check over 1,000 programs for you.

Here's how it works:

1. [Click here](#) to see if you need to gather any information before you begin.
2. [Click Here](#) to fill out the questionnaire.
3. Print out your personalized report that lists programs you may qualify for, telephone numbers, and directions on how to sign up for these programs.

BenefitsCheckUp is completely confidential. It does not require your name, address, phone number, or Social Security number. For more information on our privacy policy, [click here](#).

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## Information You'll Need for BenefitsCheckUp

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**We've found that having the necessary information at your fingertips makes completing the questions easier.**

**You'll need the following information about yourself or for the person you are helping.**

- **Date of birth for self and spouse**
- **State and ZIP code**
- **Type of residence (house, apartment, or mobile home)**
- **Length of time in current residence**
- **Veteran status for self and spouse**
- **Employment history (specifically, whether or not the person ever worked for the state, local, county, or federal government or the railroads) for self and spouse**
- **Current income and assets from all sources for self, spouse and others in the household**
- **Estimates of current expenses (such as mortgage/rent, utilities, out-of-pocket medical bills, expenses for caring for someone at home while you work or go to school, etc.)**

**Once you get this information, return to [www.benefitscheckup.org](http://www.benefitscheckup.org) to fill out the questionnaire.**

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## INSTRUCTIONS

The following questions are designed to determine your potential eligibility for public programs. For those questions requesting a numerical answer, please round your answer to the nearest whole number; do not enter fractions or decimals. Answers may be left blank or a zero may be entered. If you need help answering the questions, click on the **HELP** icon next to some questions.

1. For whom are you completing this questionnaire? **HELP**

Self ▼

If you selected "Other" above, please specify (such as uncle):

Please select the gender of the "Client" or "Other" person:

☒ Male ☐ Female

2. In which state would you like to screen for programs? **HELP**

CA ▼

3. Is this the state of primary residence? **HELP**

☒ Yes ☐ No

4. Please enter the 5-digit zip code for the area in which the person collecting any potential benefits will reside.

91360

**Next**

***If you are not a U.S. Citizen, you will want to get more help finding out whether you are eligible for benefits. Recent changes in U.S. laws limit non-citizens' eligibility for some programs. Click [here](#) to check the Web site for detailed information.***



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5. Please enter your month and year of birth. (ex. February 1933)

January 1945

6. What is your U.S. citizenship/immigration status? [HELP](#)

Citizen

7. What is your current marital status? [HELP](#)

Married

8. Are you a U.S. Veteran?

☒ Yes ☐ No

9. Have you been diagnosed with Alzheimer's disease or a related disorder? [HELP](#)

☒ Yes ☐ No

10. Are you chronically ill or do you have a disability that seriously limits your ability to work or take care of yourself? [HELP](#)

☒ Yes ☐ No

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11. Are you legally blind? [HELP](#)

☒ Yes ☐ No

12. Are you either frail and elderly or over 18 and functionally impaired?

☒ Yes ☐ No

13. In what type of housing do you live? [HELP](#)

Rent Dwelling

14. Including yourself, please enter the number of people living in your household who help pay for household expenses.

1

15. Including yourself, how many people in your household are:

60 years old or older 1

Disabled 1

16. Do you or your spouse (if applicable) pay your own gas/electric utility bills, either directly or included with your rent?

☒ Yes ☐ No

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17. Please check if any of the following are your current or former employers. **HELP**

- ☐ State, Local, or County Government
- ☒ Federal Government (other than military service)
- ☐ Railroad
- ☐ None of the above

18. Please select your current work status. **HELP**

Semi-Retired ▼

19. Please select any programs that may be of interest to you. If the selected programs are offered within your area, information will be provided in your report.

- ☐ Adult Protective Services
- ☐ Alzheimer's Programs
- ☐ Assistive Technology Programs
- ☐ Education Programs
- ☐ Elderly Nutrition Programs
- ☐ Employment Programs
- ☐ Legal Assistance Programs
- ☐ Low Income Housing Programs
- ☐ Medicare Insurance Counseling
- ☐ Programs for the Hearing Impaired
- ☐ Programs for the Visually Impaired
- ☐ Transportation Programs
- ☐ Volunteer Programs (To Serve as a Volunteer)

20. What are your household's monthly, out of pocket, costs to care for dependents so that any household member can go to work, training, or school? If there are no dependent care costs, please enter 0.

**HELP**

\$ 0

21. What are your household's monthly, out of pocket, costs for heating fuel, gas, electricity, water, tel phone, and rent or mortgage payments? **HELP**

\$ 250

22. Do you currently have prescription drug insurance or some other



insurance program that pays for prescription drugs?

☐ Yes ☒ No



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23. How much money do you spend each month, out of your own pocket, on medical expenses? Include healthcare expenses that are not covered by health insurance. For example: doctor's fees, co-payments, transportation to doctor's visits, home health attendant's fees, cost of medical equipment and prescription drugs, health insurance premiums and annual deductibles, and nursing home expenses. [HELP](#)

\$

24. Are you currently receiving benefits from any of the following programs? Check all that apply. [HELP](#)

- ☒ Social Security
- ☒ Medicare
- ☒ Medicaid
- ☒ Food Stamps
- ☒ Supplemental Security Income
- ☐ Qualified Medicare Beneficiary (QMB)
- ☐ Specified Low-Income Medicare Beneficiary (SLMB)
- ☐ Social Security Disability (received for less than 2 years)
- ☐ Social Security Disability (received for 2 years or more)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Unemployment Insurance
- ☐ Homemaker Services
- ☐ Railroad Retirement (received for less than 2 years)
- ☐ Railroad Retirement (received for 2 years or more)

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**Keep up the good work. You've passed the midway point of the questionnaire.**

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Please note that these questions are being asked due to your answers to previous questions. If you need help answering a question, click the help **HELP** icon next to some questions.

25. Do you have a disability connected with your military service? **HELP**

☐ Yes ☒ No

26. Please enter your spouse's month and year of birth. (ex. February 1933) **HELP**

January 1948

27. Has your spouse been diagnosed with Alzheimer's disease or a related disorder? **HELP**

☐ Yes ☒ No

28. Please check if any of the following are your spouse's (or former spouse's, if applicable) current or former employers. **HELP**

- ☐ State, Local, or County Government
- ☐ Federal Government (other than military service)
- ☐ Railroad
- ☒ None of the above

29. Has your spouse (or former spouse, if applicable) paid Social Security or FICA taxes as an employee or self-employed individual? Keep in mind that if he/she is currently working, Social Security or FICA taxes are probably being paid now. **HELP**

☐ Yes ☒ No

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Income and asset levels are often a factor in determining eligibility for public benefits programs. Accordingly, it is important that you answer the following financial questions. Based upon your responses, a more detailed listing of income and assets may be required later.

30. Do you estimate that your monthly income, before taxes and other deductions are taken out, is less than or equal to \$4,500? (Include income from all sources such as: Social Security, pensions, employment, cash assistance programs, etc.) Include spouse income, if spouse is living with you. [HELP](#)

- ☒ Income less than or equal to \$4,500 per month
- ☐ Income greater than \$4,500 per month

31. Do you estimate that the value of your assets, *excluding your home and car*, is less than or equal to \$100,000? (Include assets such as: cash, bank accounts, stocks, bonds, CDs, other real estate, etc. If you have more than one car, do not include the most valuable car.) Include spouse assets, if spouse is living with you. [HELP](#)

- ☒ Assets less than or equal to \$100,000
- ☐ Assets greater than \$100,000

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**Keep going! You have nearly completed the questionnaire.**

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If you are a grandparent, or know a grandparent, raising grandchildren you are not alone. Six percent of US children under 18 (3.9 million) live in grandparent-headed households. Additionally, over ten million children age 18 or under have no health insurance. Many families don't know their children are eligible for health insurance.

**32. We want to make sure that every child has adequate health insurance. Do you know of any children, age 18 or younger, who do not have health insurance coverage?**

☒ Yes   ☐ No

[Next](#)

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# BenefitsCheckUp

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## Income Questions:

Please enter the current monthly income in the boxes below. Enter the income for the person for whom this questionnaire is being completed in the "Self" column. Enter the income of that person's spouse in the "Spouse" column. If income is received jointly in both names, enter it in the "Joint" column. Enter income of any others living in the household in the "Household" column.

## Please Note:

Please estimate or guess if exact income numbers are not readily available. It is not necessary to fill in all boxes for the questionnaire to work. Don't worry if all answers are not known, just fill in the information available now and proceed to the next page.

**HELP**

## Types of Monthly Income:

	Self	Spouse	Joint	Household
<u>Pension/Retirement Benefits</u>	1500	500		2000
<u>Dividends/Interest</u>				50
<u>Supplemental Security Income</u>				200
<u>Social Security Disability</u>				200
<u>Social Security Retirement/Survivor Benefits</u>				
<u>Railroad Retirements Benefits</u>				
<u>Veteran's Benefits</u>				
<u>Worker's Compensation</u>				
<u>TANF</u>				
<u>Cash Assistance</u>				
<u>Other Non-Work Income</u>				
<u>Work Income</u>				

12/31/02





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## Asset Questions

Please enter the current asset information in the boxes below. Enter the assets for the person for whom this questionnaire is being completed in the "Self" column. Enter the assets owned separately by that person's spouse in the "Spouse" column. If assets are owned jointly in both names, enter it in the "Joint" column. Enter assets of any others living in the household in the "Household" column.

### Please Note:

Please estimate or guess if exact asset numbers are not readily available. It is not necessary to fill in all boxes for the questionnaire to work. Don't worry if all answers are not known, just fill in the information available now and submit the questionnaire.

**HELP**

### Types of Assets:

	Self	Spouse	Joint	Household
Cash/Cash Equivalent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Automobile: <u>Vehicle 1</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Automobile: <u>Vehicle 2</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Value of Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Retirement Accounts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment Accounts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life Insurance : <u>Cash Value</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life Insurance : <u>Face Value</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Burial Accounts: <u>Revocable</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Burial Accounts: <u>Irrevocable</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Assets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Congratulations!

You have successfully completed the test version of NCOA's BenefitsCheckUp.



You have just completed the last page of NCOA's **BenefitsCheckUp**.  
Click on the Submit Questionnaire button below to submit your responses  
to determine potential eligibility to benefits programs in your area.

**Submit Questionnaire**

It may take a couple of minutes to process your answers against our  
national database of benefits programs. Please be patient.

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## Results Overview

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Based on your answers to the questionnaire, you may be potentially eligible for the following 10 programs. For more detailed information on these programs, click on the program names below. The details page provides program descriptions, local contact information, and a listing of materials to bring with you should you decide to apply.

### Program List

1. [Veterans' Home Loans \(Income\)](#)
2. [Retirement - Federal Civil Service Retirement System \(Income\)](#)
3. [Linkages \(Health\)](#)
4. [Veterans' Medical Care \(Health\)](#)
5. [In-Home Supportive Services \(Health\)](#)
6. [Alzheimer's Day Care Resource Centers \(Health\)](#)
7. [In-Home Supportive Services Residual Program \(Health\)](#)
8. [Veterans Services \(Information\)](#)
9. [Alzheimer's Disease Education and Referral Center \(ADEAR\) \(Information\)](#)
10. [Golden Access Passport \(for blind and permanently disabled\) \(Discount\)](#)

Since you indicated that you know of children without health insurance, you may want to click on the following link to get more information about the State Children's Health Insurance Program. Each state has a program that makes health insurance coverage available, either free or at low cost, to children in working families. [State Children's Health Insurance Program](#)

## Answer Recap

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If you would like to see a short recap of your answers, click [here](#).

## View and Print Report

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Print the listing and details of the programs to which you may be



...link the listing and details of the programs to which you may be potentially eligible to receive. Details include program descriptions, local offices, and required materials.

[View and Print Report](#)

## Start Over

If you would like to repeat the questionnaire, click [here](#). Please note that if you click this link, you will begin a new questionnaire and the above results will not be saved.

## Exit

If you would like to exit **BenefitsCheckUp**, click [here](#).

### FOR THOSE WHO ARE NOT US CITIZENS:

Eligibility for many, but not all, programs is limited for individuals who are not U.S. citizens. If you are not a citizen, you should get additional assistance in determining your eligibility for benefits. Check with a free legal services program in your area for further assistance. Additionally, you may check <http://www.immigrationforum.org/pubs/articles/benefits2001.htm> for more detailed information.

### FOR THOSE NEEDING LONG-TERM CARE:

If you need financial assistance to pay for long-term care, either at home, in a residential care/assisted living setting or in a nursing home, several options may be available in addition to those identified in this screening program. You might be eligible for an income supplement through your state social services or human services agency. Or you might be eligible for Medicaid to pay for nursing home care. Although the program you have just used screens you for eligibility for Medicaid long-term care coverage, your state's rules may be more generous than those of this screen. Go to <http://medicaid.aphsa.org/links.htm#states> for information on how to contact your state Medicaid agency. Also, if you have given away any assets, including cash, for less than fair value, in the past three years, you should seek legal assistance before applying for long-term care benefits. Contact your local bar association and ask for an attorney who specializes in Medicaid or medical assistance.

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# Introduction

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BenefitsCheckUp has prepared the following report identifying public benefits program(s) for you to consider. Many of these programs provide financial, health, informational, and supportive services. For your convenience, this report includes program details such as: program descriptions, local contact information where questions can be answered and/or applications can be completed, and a listing of necessary documentation to aid in the application process.

**It is important to note that final program eligibility determination can only be made by the agencies administering the program(s). We encourage you to contact the agencies with any questions you may have.**

## Programs

### 1. Veterans' Home Loans (Income)

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The Veterans Administration offers home loan guarantees as protection against loan default. Loans may be issued directly to the veteran. Additionally, veterans with a service connected disability can obtain a grant to have their home specially adapted to their needs.

Applications for various veterans' programs are available online. For further assistance call the VA toll free number at (800) 827-1000 or visit the web site below.  
<http://www.va.gov/>

**For further information about this program, please contact:**

In some instances, the offices listed below may not process applications and may refer you to their service providers. Therefore, if a telephone number is provided, it is helpful to call before you go to apply.

These are the regional offices that serve the zip code you entered. All program inquiries should be made through these offices.

Federal VA Regional Offices  
Fed. Bldg., 11000 Wilshire Blvd.  
Los Angeles, CA 90024  
Phone: (800) 827-1000

Federal VA Regional Offices  
1301 Clay Street, Rm. 1300 North  
Oakland, CA 94612  
Phone: (800) 827-1000



**Please bring the following materials with you:**

- Proof of Military Service
- Proof of Honorable Discharge or Release from Service
- Proof of Service Connected Disability (If Applicable)

## **2. Retirement - Federal Civil Service Retirement System (Income)**

---

The Federal Civil Service Retirement System provides retirement, survivors, disability, and death benefits to most government employees.

For further information or assistance call the nationwide toll free number at 888-767-6738 or, visit the web site below.  
<http://www.opm.gov/retire/index.htm>

**For further information about this program, please contact:**

In some instances, the offices listed below may not process applications and may refer you to their service providers. Therefore, if a telephone number is provided, it is helpful to call before you go to apply.

This is the only office for this program.

**Please bring the following materials with you:**

- Proof of Employment
- Medical Proof of Permanent Disability or Blindness

## **3. Veterans' Medical Care (Health)**

---

This federal program assists veterans and designated dependents with medical benefits such as: hospital, nursing home, home health services, and inpatient or outpatient treatment. Other services include preventive and primary health care in any Veterans Administration (VA) health care center in the country, eyeglasses, hearing aids, homelessness programs, dental benefits, prosthetic and orthotic devices, mental health programs, and rehabilitation services.

Applications for various veterans' programs are available online. For further assistance call the VA toll free number at (800) 733-8387 or visit the web site below.  
<http://www.va.gov/>

**For further information about this program, please contact:**

In some instances, the offices listed below may not process applications and may refer you to their service providers. Therefore, if a telephone number is provided, it is helpful to call before you go to apply.

There are more than three offices for this program. These are the three closest to the zip code you entered.



Sepulveda VA Medical Center  
16111 Plummer Street  
Sepulveda, CA 91343  
Phone: (818) 895-9559

West Los Angeles Veterans Affairs Medical Center  
11301 Wilshire Boulevard  
Los Angeles, CA 90073  
Phone: (310) 478-3711 Fax: (310) 268-4848

Los Angeles Outpatient Clinic  
351 East Temple Street  
Los Angeles, CA 90012  
Phone: (213) 253-2677 Fax: (213) 253-5510

**Please bring the following materials with you:**

- Proof of Military Service

## 4. Linkages (Health)

This state program assists frail elderly and adults 18 and over who are functionally impaired and at risk of institutionalization. Case management services include referrals for transportation, meals, in-home support services, housing assistance, and day care. Linkages will also assist in obtaining necessary medical equipment and communication devices to maximize independence. Linkage services are available in limited capacity.

**For further information about this program, please contact:**

In some instances, the offices listed below may not process applications and may refer you to their service providers. Therefore, if a telephone number is provided, it is helpful to call before you go to apply.

This is the regional office that serves the zip code you entered. All program inquiries should be made through this office.

Ventura County Area Agency on Aging  
646 County Square Drive  
Suite 100  
Ventura, CA 93003  
Phone: (805) 477-7300 Fax: (805) 477-7312

**Please bring the following materials with you:**

- Proof of State Residency
- Proof of Age
- Proof of Citizenship
- Medical Proof of Permanent Disability or Blindness



## 5. Alzheimer's Day Care Resource Centers (Health)

---

This state program provides support for physical and psychosocial needs for persons with Alzheimer's Disease or related dementia. Individual care plans are developed for each participant and activities are scheduled in accordance with these plans. The Centers also provide respite, training and support services for family members, and professional caregivers.

**For further information about this program, please contact:**

In some instances, the offices listed below may not process applications and may refer you to their service providers. Therefore, if a telephone number is provided, it is helpful to call before you go to apply.

There are more than three offices for this program. These are the three closest to the zip code you entered.

California Alzheimer's Day/California Resource Center Program  
Conejo Valley Sr. Concerns  
401 Hodencamp Road  
Thousand Oaks, CA 91360  
Phone: (805) 497-0159

California Alzheimer's Day/California Resource Center Program  
WISE Senior Services  
1527 Fourth Street - 2nd Floor  
Santa Monica, CA 90401  
Phone: (310) 394-9871 Fax: (310) 394-7152

California Alzheimer's Day/California Resource Center Program  
WISE ADC Program (Site)  
1401 Olympic Boulevard  
Santa Monica, CA 90404  
Phone: (310) 392-3077

**Please bring the following materials with you:**

- Proof of State Residency
- Physician's Diagnosis

## 6. In-Home Supportive Services (Health)

---

The state of California offers in-home care to individuals 65 or older, blind, or disabled. Services vary depending on the individuals needs. Services can include house cleaning, meal preparation, grocery shopping, escorts to medical appointments, respite care, and protective services. Personal care services, such as bathing and grooming, are available through the In-Home Personal Care Service Program.

Individuals should obtain ample documentation from their primary physician to ensure the appropriate service is provided.



**For further information about this program, please contact:**

In some instances, the offices listed below may not process applications and may refer you to their service providers. Therefore, if a telephone number is provided, it is helpful to call before you go to apply.

This is the regional office that serves the zip code you entered. All program inquiries should be made through this office.

Department of Social Services  
505 Poli Street  
Ventura, CA 93001  
Phone: (805) 652-7522 Fax: (805) 652-7845

**Please bring the following materials with you:**

- Proof of Age
- Proof of State Residency
- Medical Proof of Disability or Blindness (If Applicable)
- Proof of US Citizenship or Legal Residence
- Proof of Resources

## **7. In-Home Supportive Services Residual Program (Health)**

---

This state program provides assistance to aged, blind, and disabled persons enabling them to remain in their own home. Services can include:

- \* Domestic services
- \* Heavy cleaning
- \* Transportation
- \* Respite
- \* Teaching and demonstration
- \* Non-medical personal care
- \* Protective supervision

**For further information about this program, please contact:**

In some instances, the offices listed below may not process applications and may refer you to their service providers. Therefore, if a telephone number is provided, it is helpful to call before you go to apply.

This is the regional office that serves the zip code you entered. All program inquiries should be made through this office.

Department of Social Services



505 Poli Street  
Ventura, CA 93001  
Phone: (805) 652-7522 Fax: (805) 652-7845

**Please bring the following materials with you:**

- Proof of Age
- Proof of State Residency
- Proof of US Citizenship or Legal Residence
- Medical Proof of Disability or Blindness (If Applicable)
- Proof of Resources

## **8. Alzheimer's Disease Education and Referral Center (ADEAR) (Information)**

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This federal program is a service of the National Institute on Aging. The program provides information about Alzheimer's disease to families and professionals on the full range of Alzheimer's disease issues.

Their information specialists can assist with:

- Any questions regarding Alzheimer's disease,
- Information about the latest research findings,
- Information on studies of new treatments,
- Publications about Alzheimer's disease and related disorders, and
- Locating groups around the U.S. for information, publications and services they may not have.

For information, call (800) 438-4380 or visit the web site listed below.  
<http://www.alzheimers.org/index.html>

**For further information about this program, please contact:**

In some instances, the offices listed below may not process applications and may refer you to their service providers. Therefore, if a telephone number is provided, it is helpful to call before you go to apply.

This is the only office for this program.

Alzheimer's Disease Education and Referral Center (ADEAR)

Phone: (800) 438-4380

The office that administers this program does not provide address information. Please call the phone number(s) listed above.

Web Site: [www.alzheimers.org/index.html](http://www.alzheimers.org/index.html)

Hours: 8:30 a.m. to 5:00 p.m. (eastern standard time)

**Please bring the following materials with you:**

- No Required Materials



## 9. Veterans Services (Information)

The State Veterans program provides assistance with claims, benefits representation, low-interest homeowner loans, employment services, and more.

**For further information about this program, please contact:**

In some instances, the offices listed below may not process applications and may refer you to their service providers. Therefore, if a telephone number is provided, it is helpful to call before you go to apply.

There are more than three offices for this program. These are the three closest to the zip code you entered.

Department of Veteran's Affairs  
1701 Pacific Avenue - Suite 110  
Oxnard, CA 93033  
Phone: (805) 385-6366 Fax: (805) 385-6371

Department of Veteran's Affairs  
Wilshire and Sawtelle Boulevards  
West Los Angeles, CA 90073  
Phone: (310) 268-4690

Department of Veteran's Affairs  
Veterans Services-Patriotic Hall, 1816 South Figueroa Street  
Los Angeles, CA 90015  
Phone: (213) 744-4827 Fax: (213) 748-5473

**Please bring the following materials with you:**

- Proof of State Residency
- Proof of Military Service

## 10. Golden Access Passport (for blind and permanently disabled) (Discount)

The Passport offers a free lifetime entrance permit, for blind and permanently disabled people, to national parks, monuments, and recreation areas which charge entrance fees. It also provides a 50% discount on federal use fees for facilities and services. The Golden Access Passport admits the permit holder and a carload of accompanying persons.

For further assistance, please visit the web site below.  
<http://www.fs.fed.us/passespermits/#access>

**For further information about this program, please contact:**

In some instances, the offices listed below may not process applications and may refer you to their service providers. Therefore, if a telephone number is provided, it is helpful to call



before you go to apply.

This is the only office for this program.

**Please bring the following materials with you:**

- Proof of Age
- Medical Proof of Permanent Disability or Blindness

## State Children's Health Insurance Program

### 11. State Children's Health Insurance Program (SCHIP)

---

This program offers free or low cost health insurance for uninsured children, who are ineligible for Medicaid. Children are eligible regardless of their citizenship status. Families may be responsible for a monthly contribution, based on income.

Medical services and prescription drugs are covered through a managed care system. The range of services covered may vary from state to state; check with the local providers for a complete listing.

For further information please contact the offices listed below. If the child without insurance lives in a different state, call the nationwide toll-free number (877) KIDS-NOW (877-543-7669) for information on how and where to apply, or visit the Insure Kids Now web site below.

<http://www.insurekidsnow.gov/>

**For further information about this program, please contact:**

In some instances, the offices listed below may not process applications and may refer you to their service providers. Therefore, if a telephone number is provided, it is helpful to call before you go to apply.

This is the regional office that serves the zip code you entered. All program inquiries should be made through this office.

Healthy Families

Phone: (888) 747-1222

The office that administers this program does not provide address information. Please call the phone number(s) listed above.

Web Site: [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov)

**Please bring the following materials with you:**

- Proof of Income
- Proof of Age

## Additional Information



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**FOR THOSE WHO ARE NOT US CITIZENS:**

Eligibility for many, but not all, programs is limited for individuals who are not U.S. citizens. If you are not a citizen, you should get additional assistance in determining your eligibility for benefits. Check with a free legal services program in your area for further assistance. Additionally, you may check <http://www.immigrationforum.org/pubs/articles/benefits2001.htm> for more detailed information.

**FOR THOSE NEEDING LONG-TERM CARE:**

If you need financial assistance to pay for long-term care, either at home, in a residential care/assisted living setting or in a nursing home, several options may be available in addition to those identified in this screening program. You might be eligible for an income supplement through your state social services or human services agency. Or you might be eligible for Medicaid to pay for nursing home care. Although the program you have just used screens you for eligibility for Medicaid long-term care coverage, your state's rules may be more generous than those of this screen. Go to <http://medicaid.aphsa.org/links.htm#states> for information on how to contact your state Medicaid agency. Also, if you have given away any assets, including cash, for less than fair value, in the past three years, you should seek legal assistance before applying for long-term care benefits. Contact your local bar association and ask for an attorney who specializes in Medicaid or medical assistance.